

Revised 08/07/2018

TBRA/NHT Short-Term Payment Request (for one-month, etc.)

Date:				
Tenant/Applicant Name:				
Is Tenant/Applicant on Medicaid?				
Tenant/Applicant YEARLY Household Income:				
Nursing Home Transition Contact's Name and Phone #:				
Nursing Home Transition Agency:				
County (where unit is):				
Property (Unit Address):				
Number of Bedrooms:				
Payee Name/Address: (Should be the same as W9 form. Check will be made payable to this Payee.)				
Landlord Name/Address/Phone No.: (We will send payment to this address!)				
Requesting Payment for the Month of:	Requesting Monthly Amount of:			
Explain (in detail) Reason for Payment Request:				
If applicant is waiting for Waiver Services, what part of the process is he/she being delayed by? (Example: <i>Waiting for the initial plan to be approved</i>)				
What is the tentative discharge date from the nursing home?				
Has this applicant had <i>prior</i> approval for a One Time Payment/Short Term Payment? Did we approve last month, and now you are requesting another month? If the answer is yes, please list the month and the dollar amount that you requested previously.				
<u>HOUSEHOLD MEMBERS</u>				
	Name	Sex	Date of Birth	Race
Head of Household				
Other Member				
Other Member				